Ma. 300	II THEN AND	21 1055 STANDARD CERTIFICATE OF DEATH 14328				4/1990
10.48	FILED APR	2 I 1955	1955 STANDARD CERTIFICATE OF DEATH  State File No			大生の心の
	BIRTH NO		REG. DIST. NO. 3.17 PRIMARY REG. DIST. NO. 500 Registrar's No			
	a. COUNTY	Louis		2. USUAL RESIDENCE (WM	- ' N COUNTY A	ention: gracidence before admission).
` `	b. CITY (If organicle of OR TOWN 92	orporate limits, write Ri	URAL and give c. LENGTH OF STAY (in this place)	c. CITY OR TOWN CANCELLY	82 d la Recti C Ven	tence within limits of a promporated town?
RECORD	d. FULL NAME OF HOSPITAL OR INSTITUTION	III not in hospital or in 8527	editution, give street address or location) PHILO	STREET SE (If rural, give ADDRESS 85 2.7	PHIL C	7
	3. NAME OF 4 DECEASED (Type or Print)	a. (First)	b. (Middle)	DEYER 4	DATE (Month) OF DEATH MAR.	(Day) (Year) 7.9 /9.5.5
LNEN	FEMAR 1	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specific)	8. DATE OF BIRTH D MAY 29 1869	AGE (In years if unour last birthday) Months	YEAF P UNDER M HAS. Days Hours Min.
PERMANENT	10a. USUAL OCCUPATIO		10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (City and State )	or Foreign Country	12. CITIZEN OF WHAT
4	13a. FATHER'S NAME	On Ninu	136. MOTHER'S MAIDEN		OF HUSBAND OR WIFE	JON E
MAKE	15. WAS DECEASED EVE (Yes, no, or unknown) (II		ORCES?   16. SOCIAL SECURITY	17. INFORMANT'S SIGNATELIZABETH SCH	0 ~ 5	ADDRESSY 7 DIL ILL O
INK—1	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	MEDICALO	CERTIFICATION	ie Lefau	INTERVAL BETWEEN ONSET AND DEATH
CK	*This does not mean the mode of dying, such	ANTECEDENT CA	30	rais Saluris		3 400.
BLA	as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	rise to the above ca the underlying caus	use (a) naring 🚄	macual	inon -	4745.
DING	tion which caused death.	Conditions contribu	ICANT CONDITIONS uting to the death but not te or condition couring death.	winder flrills	Zion	18 mgs.
UNFADING	19a. DATE OF OPERA-	·	INGS OF OPERATION	A. D. C.	4221	20. AUTOPSY?
SING	21a. ACCIDENT SUICIDE HOMICIDE		1b. PLACE OF INJURY (e.g., in or about some, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
, —us	21d. TIME (Month) OF INJURY	mone	21e. INJURY OCCURRED WHILEAT NOT WHILE WORK AT WORK	21f. HOW DID INJURY OCCUR?	,	
INTLY	2. I hereby certify alive on	hat I attended th	re deceased from 21.24 2, and that death occurred at		, 19 <u>55</u> , that I last nd on the date stated	
PLA	23a. SIGNATURE	Swen	Parket Time	236. ADDRESS Ecaro	is are	23c. DATE SIGNED 33.3/-55
WRITE	24a. BURIAL. CREMA TION, REMOVAL (BLANK)	ADRIL !	195 S. S. PETE	R + PAUL ST	ON (City, town, or count	y) (State)
	DATE LECTO BY LOCAL REG	REDSTRARS SI			2906 K	raisie
,			(Licensed Embalmer)	natement on Reverse Side)	7	

## VSTATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is record	ded on the reverse side of this certificate was emi
by me, or by	Student Embalmer No
-,,,	
working under my personal supervision	_ ^

working under my personal supervision.

Licensed Imbalmer No.

P. O Address O. U.S.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.